

**STATE OF MICHIGAN
PROBATE COURT
COUNTY
CIRCUIT COURT - FAMILY DIVISION**

**REPORT OF GUARDIAN ON
CONDITION OF INDIVIDUAL WITH
DEVELOPMENTAL DISABILITY**

FILE NO.

This report must be completed yearly by the guardian, or more often if directed by the court.

In the matter of _____, an individual with a developmental disability

1. I, _____, am the guardian of the above named individual, and I report:

Name (type or print)

2. Present age of the individual: _____ Individual's date of birth: _____

3. Current address and telephone number of the individual: _____

4. The individual's present living arrangement is:

☐ own home

☐ relative's home

Relationship

☐ hospital or medical center

☐ guardian's home

☐ community placement home

☐ other: _____

5. The individual has been in the present residence since _____. Descriptions and addresses of every residence where the individual has lived during this reporting period and the length of stay at each residence are as follows:

6. I rate the individual's present living arrangements as ☐ excellent. ☐ average. ☐ below average.

Explain if below average

7. I believe the individual is ☐ content with the living situation. ☐ unhappy with the living situation. I recommend a more suitable residence as follows: _____

Describe

8. The individual's mental condition has ☐ remained about the same. ☐ improved. ☐ deteriorated.

Describe the changes

9. The individual's physical health has ☐ remained about the same. ☐ improved. ☐ deteriorated.

Describe the changes

10. The individual's social condition has ☐ remained about the same. ☐ improved. ☐ deteriorated.

Describe the changes

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

Date

Signature of reviewer

Court action to be taken

11. The individual has received the following services:

☐ medical. ☐ educational. ☐ vocational. ☐ other professional services. Describe.

12. My visits with and activities on behalf of the individual were: _____

13. I believe the individual has the following needs: _____

14. I have the following questions concerning the individual or my responsibilities: _____

15. Other information requested by the court or necessary in the opinion of the guardian is as follows: _____

16. The guardianship ☐ should ☐ should not be continued because: _____

17. ☐ I do not have possession or control of the individual's estate.

☐ I have possession or control of the individual's estate. Attached is an accounting of all the financial transactions involving the individual's estate.

18. Comments:

Date

Signature of guardian

Address

City, state, zip

Telephone no.

STATEMENT BY STANDBY GUARDIAN

I am the appointed standby guardian and am willing to continue to serve in the event the guardian dies, becomes unable to serve, or resigns from the guardianship.

Date

Signature of guardian